



## Employer Based Wellness Program Discount Application for State Agencies and Political Subdivisions

### **I. Worksite Information**

Agency/Political Subdivision Name &  
Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Wellness Coordinator: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Email: \_\_\_\_\_

Number of active employees who are enrolled in the State of North Dakota health insurance plan: \_\_\_\_\_

Estimated number of individuals participating in the Wellness Program (percentage of employees participating): \_\_\_\_\_

### **II. Affirmative answers to the following questions are mandatory to qualify for the discount.**

- ☐ Wellness Concurrence form signed by top management?
- ☐ Wellness coordinator assigned to agency/group?
- ☐ Someone from the agency/group attend or view the NDPERS wellness forum?

### **III. 5 Points are required to qualify for the discount**

- ☐ 1 Point – Communicate wellness materials provided by NDPERS/BCBS to individual employees on a monthly basis and promote the NDPERS smoking cessation program to employees. (Mandatory)
- ☐ 2 Points – Complete a wellness activity (see examples provided or propose your own idea).
- ☐ 2 Points – Complete a different wellness activity (see examples provided or propose your own idea).
- ☐ 4 Points – Complete a comprehensive major wellness program. (Must have prior approval from NDPERS to qualify for full 4 points)

#### **IV. Wellness Activity Description**

##### **Short-Term Wellness Activity 1:**

Describe the wellness activity you plan on offering and methods for promotion & motivation :

---

---

---

---

---

---

---

Yes      No

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Does your program benefit the employees in your agency/group?                |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have an evaluation plan to measure the effectiveness of your program? |
| <input type="checkbox"/> | <input type="checkbox"/> | Can employees continue participation after the initial program rollout?      |
| <input type="checkbox"/> | <input type="checkbox"/> | Will management be involved in the program?                                  |

##### **Short-Term Wellness Activity Program 2:**

Describe the wellness program you plan on offering and methods for promotion & motivation :

---

---

---

---

---

---

---

Yes      No

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Does your program benefit the employees in your agency/group?                |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have an evaluation plan to measure the effectiveness of your program? |
| <input type="checkbox"/> | <input type="checkbox"/> | Can employees continue participation after the initial program rollout?      |
| <input type="checkbox"/> | <input type="checkbox"/> | Will management be involved in the program?                                  |

##### **Comprehensive Wellness Program:**

Describe the wellness program you plan on offering and methods for promotion & motivation :

---

---

---

---

---

---

---

Yes      No

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Does your program benefit the employees in your agency/group?                |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have an evaluation plan to measure the effectiveness of your program? |
| <input type="checkbox"/> | <input type="checkbox"/> | Can employees continue participation after the initial program rollout?      |
| <input type="checkbox"/> | <input type="checkbox"/> | Will management be involved in the program?                                  |